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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/066,505
Filing Date	January 31, 2002
First Named Inventor	Satoshi Haneda
Group Art Unit	1756
Examiner Name	Christopher Rodee
Attorney Docket Number	56232.17

Total Number of Pages in This Submission  
(excluding references)

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### ENCLOSURES (check all that apply)

- |   |   |  |
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| <input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization<br><input checked="" type="checkbox"/> Postage Paid Return Postcard<br><input checked="" type="checkbox"/> Response (10 pages)<br><input type="checkbox"/> Amendment Transmittal Letter (in duplicate)<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Petition for Extension of Time (one month) (in duplicate)<br><input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and References<br><input checked="" type="checkbox"/> Express Mail Label No. EV337979195<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal<br><input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)<br><input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE)<br><input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Request for Status of Application<br><input checked="" type="checkbox"/> Postcard |
|---|---|--|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan Reg. No. 44,826
Signature	
Date	September 23, 2003

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name	Patricia Gamble		
Signature		Date	September 23, 2003

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## FEE TRANSMITTAL

### TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 860.00)**

#### Complete if Known

Application Number **10/066,505**  
Filing Date **January 31, 2002**  
First Named Inventor **Satoshi Haneda**  
Group Art Unit **1756**  
Examiner Name **Christopher Rodee**  
Attorney Docket Number **56232.17**

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#### METHOD OF PAYMENT

##### 1. The Commissioner is hereby authorized to:

- ☒ Charge the indicated fees to the below mentioned deposit account.  
☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.<sup>†</sup>  
☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 07-1850  
Deposit Account Name: Squire, Sanders & Dempsey

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:  
[ ] Check [ ] Other

#### FEE CALCULATION (continued)

##### 3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	<input type="text"/>
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
115/\$110	215/\$55	Extension for response within first month <sup>†</sup>	<b>110</b>
116/\$400	216/\$200	Extension for response within second month <sup>†</sup>	<input type="text"/>
117/\$920	217/\$460	Extension for response within third month <sup>†</sup>	<input type="text"/>
118/\$1,440	218/\$720	Extension for response within fourth month <sup>†</sup>	<input type="text"/>
128/\$1,960	228/\$980	Extension for response within fifth month <sup>†</sup>	<input type="text"/>
119/\$320	219/\$160	Notice of Appeal	<input type="text"/>
141/\$1,280	241/\$640	Petition to revive unintentionally abandoned application	<input type="text"/>
142/\$1,280	242/\$640	Utility Issue Fee (Or Reissue)	<input type="text"/>
143/\$460	243/\$230	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>
126/\$180	126/\$180	Submission of Information Disclosure Statement	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146/\$740	246/\$370	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
179/\$750	279/\$370	Request for Continued Examination (RCE)	<b>750</b>

Other fee (specify):

Other fee (specify):

**SUBTOTAL (3) (\$860.00)**

#### FEE CALCULATION (fees effective 10/1/01)

##### 1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$750	201/\$370	Utility Filing	<input type="text"/>
106/\$330	206/\$165	Design Filing	<input type="text"/>
108/\$740	208/\$370	Reissue	<input type="text"/>
114/\$160	214/\$80	Provisional Filing	<input type="text"/>
<b>SUBTOTAL (1)</b>			<b>(\$0)</b>

##### 2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$84	202/\$42	Independent claims in excess of 3
104/\$280	204/\$140	Multiple dependent claim
109/\$84	209/\$42	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

(Col. 1)		(Col. 2)		(Col. 3)		Fee Due	
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**	x	Fee
TOTAL	25	minus*	20 or 33	=	0	x	18
INDEP	3	minus*	3 or 3	=		x	84
[ ] First presentation of multiple dependent claim				=		x	0

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

**SUBTOTAL (2) (\$0)**

#### SUBMITTED BY

Typed or Printed Name **Cameron K. Kerrigan**

Signature

#### Complete (if applicable)

Reg. Number **44.826**

Date

**September 23, 2003**